# REGIONAL JUVENILE DETENTION

# **Subgrant Application Guidelines**

Montana Board of Crime Control FY 2007/2008 #07-L

This guide provides instructions regarding the proper completion of a grant application to the Montana Board of Crime Control (MBCC). Throughout this document you will find guidance and explanations that may prove helpful.

Page sections are identified by numbers that correspond to numbers on the application form. Please feel free to call staff at 444-3605 with any questions.

Awarded grants form a contract between you and MBCC. It is, therefore, important that you carefully consider the objectives and expectations of your project. You will be held accountable for the responsible use of state funds.

Alternative accessible formats of this document will be provided upon request. Persons with disabilities who require this material in another format in order to participate in the Request for Proposal process should contact the Montana Board of Crime Control, 3075 North Montana Avenue, Helena, MT 59620.

# **APPLICATION PROCEDURES**

A complete by the read	e application will have the following components in the same order, clearly identified and understood er.					
	Cover letter (optional)					
	Face Sheet					
	Regional Detention Total Budget Request					
	Service Provider Budgets					
	Service Provider Budget Narratives					
	Regional Detention Program Plans					
	Needs/problem statements					
	Goal(s)					
	Objectives					
	Implementation plan (if a new service)					
	Evaluation/internal assessment plan					
	☐ Special Assurances (supplied with the application form)					
	Signature Page (Regional Authority only)					
	Attachments					
to the mem	g the Application: The original and nine Xerox copies are required. The copies will be distributed bers of the Montana Board of Crime Control Juvenile Detention Task Force for review and dations to the Youth Justice Council and Board for award. Your application process will be delayed red copies are not included in your package.					
Xerox Req	uirement: One original and nine copies.					
Faxing: F	axed applications will not be accepted.					
Mailing A	ddress: Send applications (original plus nine copies) to:					
	Montana Board of Crime Control 3075 North Montana Avenue PO Box 201408 Helena, MT 59620-1408					

**Deadlines:** A postmark or MBCC date stamp will document that an application met the deadline for submission. Please do not use portfolio covers, binders, comb binding, etc. All special packaging is removed in order to insert the original application into a file folder.

**Special Note:** Do not require the reviewers to search for components. A disorganized and/or incomplete application does not encourage a positive review.

# **REVIEW AND AWARD PROCESS**

Applications are reviewed by staff and the Juvenile Detention Task Force. The Task Force will examine each application and act on: 1) recommending an award, 2) recommending a denial, or 3) seek additional information or clarification prior to recommendation. The Task Force carries its recommendation to the full Youth Justice Council and then to the Montana Board of Crime Control for final action.

# **Applicant Notification**

The Task Force recommendation will be mailed to each applicant prior to the Board meeting with notification of the MBCC Board meeting date.

## **Appeals**

The recommendation of the Task Force may be appealed to the full Youth Justice Council by notifying the Division Administrator at least 10 days prior to the Council meeting. Appeals must be based on substantive issues and may not include more information than was submitted in the application.

# **Quarterly Reports**

Successful applicants are required to report quarterly on the fiscal and program activity of their grant in the format prescribed by the MBCC. The timeliness and quality of the quarterly reports affect your ability to continue an existing project and your eligibility for future grants. Grant reporting requirements are in direct response to demands placed on the MBCC by the Montana legislature. Every effort is made to reduce the information required from grant administrators; however, a certain level of fiscal and program information is mandatory. The best method of documenting accountability is through responsible reporting, and your cooperation is very important.

MBCC INTERNET ADDRESS: mbcc.mt.gov

# **SECTION 1. FACE SHEET**

The Face Sheet is the first page of the application form and requests information about the applicant, i.e., name, address, phone number, etc. The regional authority should complete the application.

**RFP.** The RFP number is not applicable on the Regional Juvenile Detention Subgrant Application.

**Applicant Agency.** Provide complete information on the parent agency (regional authority) for this project.

**FEIN.** Include your Federal Employer or Payee Identification Number.

**Private**, **Non-Profit.** Private, non-profit organizations must include proof of the IRS status. A photocopy of the IRS letter is sufficient.

**Project Director.** Enter the name and address of the person who is acting as the project director. Include a phone number for this person.

**Project Title.** Your descriptive title of this project.

**Project Duration.** Include the start and termination dates for the project. Do not exceed 12 months unless specifically instructed to do so by MBCC.

**Other State or Federal Support.** Describe any other state or federal source of funds that will be used to support this specific project.

**Previous Grant Number.** Identification number assigned by MBCC on previous grant.

## **BUDGET OVERVIEW**

Each regional plan must include a Regional Detention Total Budget Request along with the individual County Service Provider Budgets that were used to determine the Total Budget Requests.

## **Budget Forms**

There are three parts to the budget: 1) The Regional Detention Total Budget Request, 2) the Individual County Service Provider Budgets, and 3) the Individual County Service Provider Budget Narratives (explained in Sec. 3).

- 1. Regional Detention Total Budget Request is the summation of all the Participating Individual County Service Provider Budgets. The participating counties in each region must prepare a Service Provider Budget(s) and Narrative(s) first and submit them to the regional authority. The regional authority must then compile the total budget for the region. The regional plan must include a complete and justified budget for each detention service. Funds awarded for the regional plan must be used exclusively for the purposes described in the plan.
- **2.** Individual County Service Provider Budgets have four sections: 1) Secure Detention, 2) Secure Detention Transportation, 3) Non-secure Detention, and 4) Electronic Monitoring. Each of the sections has the following line items: personnel, contracted services, travel and per diem, equipment, and operating expense. Each participating county needs to complete one or more of these sections depending on the services planned.
- 3. The Individual County Service Provider Budget Narratives (see Sec. 3) detail how the amounts were calculated. A clear budget narrative tied to the project objectives is the strongest selling point in justifying the amount requested. Each county that is going to submit for reimbursement of costs must complete an Individual County Service Provider Budget and Narrative to be eligible.

For example: If a county does not submit a service provider budget as part of the Regional Plan and transports juveniles to a secure detention facility in another county, they will be billed for only 50% of the costs for detaining juveniles from their county in the facility, but they will not be reimbursed for transportation costs or any other costs.

In order to receive MBCC matching funds, the service must be part of the original Regional Plan with an assigned budget, or amended into the plan *prior* to being reimbursed. The plans can be amended by approval of the Regional Detention Board and approval by MBCC. The regional authorities will be responsible for screening county costs that are not part of the most recently approved plan.

*Match.* Calculate your match requirement based on the type of service and the applicable percentage of the total project budget. First, determine how much the project will cost, then determine the match requirement by taking the percentage of the *total* project budget. The MBCC will provide a 50% match for Secure Detention and a 75% match for Non-Secure Detention. *The county matching funds can not come from federal or state funds*.

# SECTION 2. REGIONAL DETENTION TOTAL BUDGET

For each county, list the type of detention service, the name of the county, the total budget for that service, the matching percentage, the MBCC match, and the local match. The types of detention services are to be limited to Secure Detention, Secure Detention Transportation, Non-Secure Detention, and Electronic Monitoring. The MBCC will match secure detention services at 50% and non-secure detention services at 75%. If a county has more than one type of service, list the information for each service on separate lines. If needed, use additional copies of the form to separately list all the services of each participating county.

Add each subtotal (per detention service) to arrive at the overall total. If you have any questions, please call Stacy Purdom at 444-6678 or Don Merritt at 444-2076.

## **EXAMPLE**

Detention Service	County Name	Total Budget	Match %	MBCC Match	Local Match
Sec. Transport	Lewis & Clark	\$ 4,000	50%	\$ 2,000	\$2,000
Sec. Transport	Hill County	\$10,000	50%	\$ 5,000	\$5,000
Subtotal Transport		\$14,000		\$ 7,000	\$7,000
Elect. Monitoring	Lewis & Clark	\$ 5,000	75%	\$ 3,750	\$1,250
Subtotal Elect. M.		\$ 5,000		\$ 3,750	\$1,250
Total		\$19,000		\$10,750	\$8,250

Once again, the Regional Detention Total Budget is the summation of all the Participating Individual County Service Provider Budgets. The participating counties need to prepare their Service Provider Budgets and Narratives first and submit them to the regional authority. The regional authority will then compile the total budget for the region and submit the application. The regional plan must include a complete and justified budget for each detention service. Funds awarded for the regional plan must be used exclusively for the purposes described in the plan.

## SERVICE PROVIDER BUDGET

## **Secure Detention**

Regional Detention Centers and short-term Detention Centers must list their actual operating costs by the appropriate line items, i.e., personnel, contracted services, travel and per diem, equipment, and operating expense. The travel and per diem line item under this section is for travel expenses associated with the operation of the Secure Detention Facility such as staff attending training. It is not for costs that are associated with the transportation of juveniles to and from secure detention facilities. *All costs associated with the transportation of youth to and from secure facilities must be budgeted under Section B, Secure Detention Transportation.* 

# **Typical Costs in this Section**

Costs of detention facility (except transportation personnel)

Maintenance costs for youth (e.g., meals)

Training for staff

Staff travel at state rates:

37.5 cents per mile

\$35/\$55 motel + tax

\$5.00 breakfast

\$6.00 lunch

\$12.00 dinner

Operating costs for facility (e.g., supplies, utilities)

Maintenance and repair of facility (e.g., repair damage)

Equipment directly related to providing service to juveniles

# **Costs Not Allowed**

Construction or remodeling

Equipment not directly related to juvenile services

Clinical costs of evaluating any youth

Costs of medical services for youth detention

Salary/wages of on-duty law enforcement

Salary/wages of on-duty probation officers

Shelter care

# **Secure Detention Transportation**

All participating counties must list their costs associated with the transportation of pre-adjudicated juveniles to and from Secure Detention Facilities. If the regional facility has a full-time transportation service, those costs should be listed here. If personnel work part time in transportation and part time elsewhere, give your best estimate of what should be allocated to transportation.

## **Typical Costs Listed in this Section**

Salary/wages of detention facility transportation officer or portion of FTE

Wages for attendant care in cases requiring attendant care person accompanying in-transport officer (due to sex of offender or risk of escape or danger)

Cost of detention transport vehicle, purchase/lease

Maintenance of detention transport vehicle

Mileage for counties transporting youth to secure detention at 37.5 cents per mile

Lodging and per diem to transport officer and youth at state rates (see staff travel rates listed above)

Air travel to transport youth will be at the justification/discretion of the district chief probation officer

# **Costs Not Allowed**

Salary/wages of law enforcement or probation officers while transporting youth Travel costs in excess of state rates

Vehicles not specifically used for transporting youth

Equipment not directly related to providing service to juveniles

## **Non-Secure Detention**

Attendant Care Holdovers or Home Detention services must list their projected operating costs by the appropriate line items: personnel, contracted services, travel and per diem, equipment and operating expenses, and electronic monitoring costs are to be listed in Section D.

The travel and per diem line item under this section is for travel expenses other than those associated with the transportation of juveniles to and from detention facilities such as travel for staff to attend training. There are no reimbursable costs for transportation of juveniles between non-secure programs. All costs associated with the transportation of youth to and from secure facilities must be budgeted under Section B, Secure Detention Transportation).

## **Typical Costs Listed in this Section**

Cost of attendant care staff

Maintenance costs for youth (e.g., meals)

Training for staff

Staff travel at state rates (i.e., 37.5 cents mile, \$35/\$55 motel + tax, \$5.00/breakfast, \$6.00/lunch, and \$12.00/dinner).

Operating costs for holdover (e.g., rent, supplies, utilities)

Maintenance and repair of holdover (e.g., repair damage)

Equipment directly related to providing service to juveniles

## **Costs Not Allowed**

Salary/wages of law enforcement or probation officers while on duty

Construction or remodeling

Equipment not directly related to providing service to juveniles

Clinical costs of evaluating any youth

Costs of any medical services for youth in detention

Shelter care

## **Electronic Monitoring**

Counties must list their projected costs for electronic monitoring services for pre-adjudicated youth. Once a youth has been adjucated, further electronic monitoring costs may not be charged to this program. Typically the only cost listed in this section would be the cost of contracting for the electronic monitoring service.

## **Miscellaneous Information**

**Personnel Costs**. Personnel costs frequently are the largest expenditure. Costs must tie to personnel used to implement the project. Be aware of overtime costs and bargaining unit contracts. If personnel work in different areas such as both secure and non-secure, you must allocate their time accordingly. Time and attendance records must be maintained.

*Travel and Per Diem.* The basis for calculation is the current state rates. Out-of-state costs vary. Contact staff for estimates. As of January 2004, current state rates are as follows.

37.5 cents per mile \$23.00/day for meals \$35.00/\$55.00 + tax per night for lodging

*Equipment.* Equipment must be necessary to the project. Excessive equipment is considered as a reason to deny a proposal. Any expendable supplies must be included under Operating Expenses.

*Audit.* You will be required to have your grant audited. You may include the audit costs in your application budget.

*Indirect Costs.* All costs must be budgeted as a direct cost (e.g., x \$ per hour) or contracted service, etc. Indirect costs are not permitted.

*Signed Agreements.* Counties that establish regions by using the provisions of the interlocal Cooperation Act, Title 7, Chapter 11, Part 1, MCA, may apply to the Board of Crime Control for funding of detention services.

# SECTION 3. SERVICE PROVIDER BUDGET NARRATIVE

Explain the relationship between budgeted items listed on Page 2 and the detention service provided. Include information (data and criteria) as to how you arrived at budget estimates. Discuss these items by section and line item. For example, completely describe all activities in Section A, Secure Detention, starting with the line item personnel (if used), and move to next applicable line item. If you have budgets in more than one section (such as Secure Detention and Secure Detention Transportation) address each section separately. All costs associated with the transportation of juveniles to and from secure detention are to be budgeted in the Secure Detention Transportation section only. Travel for other purposes such as staff attending training would go under travel for the applicable section. Some items to consider for each budget line item are as follows:

#### Personnel

How were salary rates determined?
What is included in fringe benefits?
What function does the budgeted employee perform?
How is time allocated, and are time and attendance records maintained?

#### **Contracted Services**

Who is the contractor?
What is the daily fee or the agreed cost?
What service will be provided?
How many days will service be provided?

#### Travel and Per Diem

Indicate mileage and per diem calculations using state rates.

Is mileage and per diem directly related to project activities?

If out-of-state travel is anticipated, give particulars, i.e., location, state, dates, purpose, cost.

**Equipment** (Expendable supplies should be included under Operating Expenses)

Description of equipment: make, model, etc.

What is unit cost?

Equipment must be directly related to providing service to juveniles, explain how.

# **Operating Expense**

Expendable supplies, monthly phone charges, rent, utilities, etc.

If the operations of this project are expected to generate income, please discuss possible sources, amounts, and how it will be used.

# SECTION 4. REGIONAL PLAN FOR JUVENILE DETENTION

## I. Regional Detention Practices (Please provide the following information.)

- 1. Regional juvenile detention mission statement
- 2. Regional criteria for detaining a youth in a secure detention
- 3. Regional criteria for detaining a youth in Non-Secure Detention

A juvenile considered eligible for non-secure detention is one who:

- has been arrested for an offense,
- is currently under jurisdiction and/or agency custody,
- is deemed to need minimal security considerations, and
- who is considered non-dangerous.

Non-secure detention is designed for those juveniles who are inappropriate for shelter care environment because:

- the expected length of supervision is only a few hours or,
- because the juvenile's behavior and/or physical condition warrants greater structure.

## **II. Local Detention Practices**

# **Long-Term Secure Detention**

For each facility within the region proposing to provide long-term detention services (over 96 hours), provide the following information: facility name, address, administrative authority, and program director.

#### Needs Assessment

What counties, judicial districts, and/or local areas is this facility designed to serve?

What is the projected bed capacity of this facility?

What is the projected need or what is the projected use of this facility in a year?

Briefly describe the data which was used to justify this need or projected use.

Daily cost of service.

# Initial Detention Decision

Who is responsible for the initial decision to place a youth in this facility?

Describe the procedure and/or practice used to complete initial placements.

**Detention Facility Program.** What is the goal or mission of the program in this facility? The following services must be available to youth being served in this facility. Briefly describe the method used to deliver each:

# Reimbursable at 50% through the Grant

# Non-Reimbursable

Food

Laundry

Transportation

Security

Safety

Access to Recreation

Access to Education

Medical Crisis Intervention Clinical Evaluations

Is this facility licensed by the Department of Corrections? Please provide a copy of your license. If not licensed or if provisionally licensed, explain in detail the deficiencies which are preventing immediate licensure and the plan to remediate these deficiencies.

## **Short-Term Secure Detention**

For each facility within the region proposing to provide short-term detention services, provide the following information: facility name, address, administrative authority, and program director.

#### Needs Assessment

What counties/judicial districts/local areas is this facility designed to serve?

What is the projected bed capacity of this facility?

What is the projected need or what is the projected use of this facility in a year?

Briefly describe the data which was used to justify this need or projected use.

Daily cost of service.

## **Initial Detention Decision**

Who is responsible for the initial decision to place a youth in this facility?

Describe the procedure and/or practice used to complete initial placements.

## **Detention Facility Program**

What is the goal or mission of the program in this facility?

Briefly describe the method used to deliver each of these required support services in the facility.

## Reimbursable at 50% through the Grant

Food

Laundry

Transportation

Security

Safety

Access to Recreation

Access to Education

## Non-Reimbursable

Medical

Crisis Intervention

Is this facility licensed by the Department of Corrections? Please provide a copy of the license. If not, or if provisionally licensed, explain in detail the deficiencies which are preventing immediate licensure and the plan to remediate these deficiencies.

# **Non-Secure Programs**

Provide the following information for all proposed Holdover Programs: program name, contact person, and location.

#### Needs Assessment

What county or judicial district is this program designed to serve? How many youths is the program designed to serve at any one time?

# Program and Staffing

Has this site been inspected by staff of the Montana Board of Crime Control?

How do you intend to staff the program?

Have the persons responsible for staffing the program been trained in accordance with statute, licensing cities and/or federal guidelines?

# **Electronic Monitoring**

If electronic monitoring is an anticipated program to be available to the Region, please specify the company anticipated to be providing the equipment. Please be reminded the MBCC funds cannot be used to reimburse for electronic monitoring of youth past adjudication.

# III. Regional Detention Administration

What is the Regional Administrative Authority for the administration of the funding to the region? Who is the contact person at the Regional Administrative Authority? Provide name, address and phone number. Please list the names and county/professional representation of the members of this Regional Detention Board. Briefly describe the relationship between the Regional Detention Board and the administrative authorities of the facilities and services which are providing juvenile detention services in the region or for the region.

## **SECTION 5. SPECIAL ASSURANCES AND CONDITIONS**

The subgrant application form contains a pre-printed list of Special Assurances. These must remain attached to your application as they form a part of the contract between the Board and subgrantee upon award. The signature pages bind you to them.

# **SECTION 6. SUBGRANT CERTIFICATION PAGE (SIGNATURES)**

Original signatures are required on the original application. The application, when awarded, forms a contract between you and the Board. The signatures are binding. Duplicate responsibilities are not allowed. For example, no single person can sign as Agency Representative and Project Director.

*Official Agency Representative.* This signature must be the Chair of the County Commissioners for the County who is acting as the fiscal regional authority for the region. This is to assure accountability to the Board for the proper use of funds for detention services under state and federal law and that match funds are committed.

**Project Director.** The person who is responsible for the day-to-day operation of the project should sign as the director.

*Financial Officer.* The person responsible for the financial control of the project and submitting the financial reports.

*Clerk and Recorder.* This signature is only required to notify the Clerk and Recorder for accounting purposes.